METROPOLITAN GOVERNMENT of NASHVILLE and DAVIDSON COUNTY

Metropolitan Health Department Pollution Control Division 311-23rd Avenue, North Nashville, Tennessee 37203 Telephone: (615) 340-5653 Fax: (615) 340-2142

GRAPHIC ARTS INSPECTION REPORT

Source Name:						Perm	it Number:		
Emission Point Name/Numbe	er:					Date:			
Type of Operation:	() Sheetfe () Flexog () Web O	raphic	() Rotogravure) Other					
Dampening System Used:	() Yes Solution Used	() N			%	Added:			
Type of Substrate:	() Paper Bo() Plastic Fi		() Cloth) Paper	() Other			
Press Speed:					_	per			
Curing Method:	() Air () Oven @ 1	Maximum) Radiation (UV			°F		
VOC Control Method:	() Catalytic Incinerator () Thermal Incinerator () Carbon Adsorber () None Other								
Waste Disposal Method: () Shipped For Disposal () Reclaimed On-Site By									
List All Permit Conditions ar	nd Indicate Status:								
Permit Conditions		Comp.	Non- Comp.	Permit Conditi	ions			Comp.	Non- Comp.
Comments:									